

EXPERT INSIGHT | Center for a Healthy America and Center for American Values

KAMALA HARRIS'S EXTREME ABORTION POLICIES HURT WOMEN

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TOPLINE POINTS

- ★ Lies spread by Vice President Kamala Harris, the radical Left, the media, and the abortion industry led to two women in Georgia suffering tragic and needless deaths after experiencing complications from chemical abortions.
- ★ No state, including Georgia, punishes a woman for seeking medical care after an abortion, an attempted abortion, an ectopic pregnancy, a medical miscarriage, or any other pregnancy-related complications.
- ★ Lies and radical political rhetoric do nothing to help women; instead, policymakers should pursue a **H**ealth, **O**ppportunity, **P**rosperity, and **E**mpowerment Agenda for women—prioritizing medical care for women in need and supporting women with children.

The Tragic and Preventable Deaths of Two Georgia Women

Two women from Georgia were victims of abortion lies parroted by Vice President Kamala Harris, the radical Left, the media, and the abortion industry. Both women tragically lost their lives after facing severe complications from taking “safe and effective” abortion pills without sufficient medical oversight. Both outcomes could have been prevented with accurate information, timely intervention, and medical supervision, which are all legal and encouraged under Georgia’s pro-life law.

ONE WOMAN IN HER EARLY 40S believed that abortion pills were safe and ordered pills from AidAccess.org, an abortion pill distributor [labeled](#) an “inherent risk to consumers who purchase” and unregulated by the Food and Drug Administration (FDA). She suffered for days at home and later died. This was an unnecessary and preventable death at the hands of the abortion industry that [calls](#) chemical abortion “safer than many other medicines like penicillin, Tylenol, and Viagra” and tells women they may be “[targeted, arrested, and jailed](#)” for seeking medical care related to abortion.

ANOTHER WOMAN IN HER LATE 20S sought a surgical abortion for her unborn twins in the state of Georgia. After learning that she was past the gestational limit for [abortion in Georgia](#), she ultimately sought an abortion in nearby North Carolina and was given abortion pills to end her pregnancy without any medical follow-up. After returning to Georgia, she realized that she had complications and rushed to the emergency room. Instead of immediately being given a dilation and curettage (D&C), a [common procedure](#) for miscarriage management, hospital staff delayed this procedure for 20 hours. As the situation grew more dire, the procedure was fraught with complications, and she tragically lost her life. Her case “is one of the most clearcut cases of medical malpractice...[the] standard of care on her arrival was immediate D&C and initiation of antibiotics,” [according to](#) the American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG) and abortion malpractice attorney [Michael Seibel](#) who outlined a very similar case from 2017 in the pro-abortion state of New Mexico before the end of *Roe v. Wade*.

KAMALA HARRIS PUTS WOMEN AT RISK BY LYING ABOUT ABORTION

Time and time again, Harris has said that limits on abortion prevent women from receiving “[basic medical care](#),” infringe on “[reproductive freedom](#),” and create a “[health care crisis](#).” However, Harris and the abortion industry have perpetuated abortion lies that contribute to widespread misinformation and deadly circumstances like those that killed these Georgia women.

Harris Lie #1: “Trump abortion bans” keep doctors from providing life-saving care.

THE TRUTH: [No state law](#) prohibits doctors or hospitals from providing care to a woman in an emergency, including miscarriage management, ectopic pregnancy, or other pregnancy complications. A [D&C](#) to remove a preborn child that has died or dead pregnancy tissue is not an abortion. It is not a “felony” or “criminalized” [in Georgia or anywhere](#). Under [every pro-life law](#), doctors must intervene to save women’s lives, a requirement that was ignored in the case of the second Georgia woman, where the delay in the appropriate care for severe sepsis may be medical malpractice. Even in states with abortion bans, physicians are encouraged to exercise “[reasonable medical judgment](#)” when needing to perform emergency care.

Further, the federal Emergency Medical Treatment and Labor Act was written to protect people with emergency medical conditions and women in labor. The law [requires](#) the hospital, if it takes Medicare funding, to stabilize a patient with a medical emergency. If they fail to do so, the government and the patient can take action against the hospital for not protecting the patient.

HARRIS LIE #2: Abortion pills are safe, effective, and essential medications.



THE TRUTH: A study from [Obstetrics and Gynecology](#) found that one in five women experience complications after taking abortion pills. Despite this fact, the media and [Planned Parenthood](#) say that abortion drugs are safer than many other medicines like penicillin, Tylenol, and Viagra and can be dispensed [without a doctor](#) physically present. It is a tragedy that the Georgia women died from complications that could have been avoided with better information or ongoing supervision.

Since the FDA's approval of major abortifacients in 2000, the rate of chemical abortions has steadily increased, making up 53% of abortions at or [before nine weeks gestation](#) and 63% of [all](#) abortions in 2023. Originally, the [FDA's Risk Evaluation Mitigation Strategies](#) guidance on the abortion pill Mifepristone, also known as Mifeprex, required that the pill only be administered by certified prescribers and must be given in a hospital or clinic setting under the supervision of a healthcare provider. The Biden-Harris Administration [changed](#) this in 2021 in order to "reduce burden on the health care delivery system," allowing vulnerable women to take the drug without being supervised by a healthcare provider.

With so many complications, it is no wonder why AAPLOG maintains that an [in-person](#) visit is protective and medically necessary, including for the accurate dating of the pregnancy. Medical supervision protects the integrity of informed consent, which is important as [sex traffickers](#) can rely on options like [abortion-by-mail](#) to harm their victims.

HARRIS LIE #3: Women will be prosecuted for seeking medical care following abortion.

THE TRUTH: [No state law](#) punishes women for seeking life-saving care following an abortion, attempted abortion, ectopic pregnancy, miscarriage management, or any other care for pregnancy complications. The radical Left endangers women's lives by scaring them into thinking they will be punished for seeking life-saving care. Abortion pill distributors like [Aid Access](#) tell women that if complications arise after taking the abortion pills, they can tell emergency physicians that they had a "spontaneous miscarriage" to avoid legal trouble. Women should never be told to lie about their medical needs.

HARRIS LIE #4: Late-term abortions are not happening in the U.S.

THE TRUTH: There were at least 4,070 late-term (21 weeks or later) abortions in 2021, and many states, like California and Colorado, refuse to share late-term abortion data with the federal government. [States](#) like Vermont, Oregon, New Mexico, New Jersey, Minnesota, Michigan, Maryland, Colorado, Alaska, and the District of Columbia (D.C.) have no limits on abortion. For example, the [Boulder Abortion Clinic](#) in Colorado *specializes* in late-term abortions. In 2020, then-Senator Harris (D-CA) [voted against](#) the Pain-Capable Unborn Child Protection Act, which would have banned abortions after 20 weeks.



HARRIS LIE #5: There is no such thing as abortion after birth.

THE TRUTH: A [study](#) published by *Obstetrics and Gynecology* in 2018 regarding late-term abortions found a live birth rate of 50.6% following abortion attempts on babies at 20–24 weeks gestation. Even the Centers for Disease Control and Prevention [estimates](#) that between 2003 and 2014, at least [143 babies died](#) after being born alive during abortions and says it is very possible that this undercounts the actual number. Sadly, this happens when a baby is born alive after an attempted abortion, and babies are left without life-saving care. This was the case in Minnesota, where Governor Tim Walz (D-MN)’s Reports on Induced Abortions [found](#) that eight babies in the state were born alive and left to die with no life-saving care. Yet, instead of protecting these babies, Governor Walz removed [their protections](#), endangering children born in Minnesota. Other states have experienced the horror of born-alive abortions, like Pennsylvania, where abortion doctor [Kermit Gosnell](#) was exposed for killing babies who were born alive after attempted abortions. As Senator, Harris voted [against](#) born alive protections **TWICE**, declaring her support for “[comprehensive reproductive health care](#)” and calling the bill “[an attack on women’s reproductive rights](#).”

A BETTER WAY FORWARD: THE HOPE AGENDA

These heartbreaking stories remind Americans of the critical importance of accurate information, ongoing medical supervision, and timely intervention when women face emergencies. Yet Harris, the radical Left, the media, and the abortion industry oppose this.

Empowering women with true information, resources for pregnancy and beyond, and support in the workplace are policy solutions that champion women, not hinder them from living healthy and full lives. The HOPE Agenda counters the lies of Harris and the radical Left with compassion and truth, realizing that every woman deserves policies that support **Health, Opportunity, Prosperity, and Empowerment**. These solutions include:

- ★ Ensuring delivery of quality, compassionate medical care for women and babies, including born-alive protections.
- ★ Ensure in-person ultrasounds are completed before women undergo an abortion for accurate pregnancy dating, including chemical abortion accessed through telemedicine.
- ★ Invest in resources for women facing unplanned pregnancies, such as counseling and material aid (e.g., diapers, formula, car seats, etc.) at pregnancy resource centers and community health centers.
- ★ Implement regulations that require abortion clinics to meet the health and medical standards of other healthcare facilities, such as surgical centers.

